

MO 300-1308

Packet (Rev. 1/2021)

Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Missourb Filtius Commission DEC 0.8 2022

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	Statement Information		
	Date: DECEMBER 3, 2022		
	Type: 🗆 New 🛮 🗷 Amended (if amending, enter MEC ID 🗷	71206 & section cha	nged <u> </u>
	Committee Information		
	PLACHER FOR MISSOURI		
	Name of Committee		
	P.O. BOX 16065 CLAYTON, MO 63	3105	(314) 821 - 3526
	Committee Mailing Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk, Board of Election Commissioner	s, or Federal PAC/Out of State Committee
	Committee Type: 🔲 Campaign 🔲 Candidate 🗀 Continuing (PA	AC) Debt Service Explo	ratory
i	reasurer/Deputy Treasurer Information		
•	REBECCA SMUGALA - PLACHER		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	P.O. BOX 16065 CLAYTON, MO 63105	(314) 821-3326	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (optional)	
		()	<i>(</i>)
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Troasurer's Work Telephone Number
i,	Additional Committee Information	the state of the state of	
	Additional Committee Officer's Name & Title (if any)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip
		<u></u>	mendmen
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cit	vy, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	ack) 🗆 No
1	Official Bank Account Information (required by all committees)		
	Candidate Supported or Opposed (candidate committees must in	nclude self, if candidate)	
	DEAN PLOCHER POBOX 16065 CLAYTON, MO63105	\/	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees O	••
	AUGUST 6, 2024 STATEWIDE Clection Date Office Sought & Political Subdivision	Political Party	SUPPORT Support or Oppose
		<u> </u>	Support of Oppose
• 1	Ballot Measure Supported or Opposed (campaign committees mi	ust complete this section)	
;	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
į	Signature(s) – Check certification(s) & sign (required by all comm	ittees)	
	$oldsymbol{\chi}$ l affirm and attest under penalty of perjury that information and	——— <i>—</i>	ete, true, and accurate. I
	further acknowledge that I am aware that any false statement or d		
		11/16/11/1	(Per)
	Ku S. Hu	1/00/0	WV U
	Committee Treasurer	Candidate (Candidate Committees Only)	